SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/018313 CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT ĮND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. IND DEP **?7** .1 :2 . 3 .0 TAL TOTAL AL TOTAL DEP. AL ··1360 (3-78) *MAY BE __SD FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE